

# Group 1

- State should always get the same data as local
- Be careful that information flow is consistent with regular reporting requirements within jurisdictions
- Preliminary notification of suspicion
- Information in contiguous states

# Group 2

- Need standardized information collection

# Group 1

- Contact list needs to be developed
- Electronic message for high priority issues
- HL7 not only modality for information transfer from labs
- Does CDC need info on negative results?

# Group 3

- Case ascertainment
- Case confirmation
- Case management
- Notification
- Interventions
- Communications
- Incident command structure

# Group 3

- Federal/state/local levels should have access to the same data set
- Database access rather than messaging

# Group 4

- Process to make PHIN visible and viable to be effective
- Critical path analysis
- Ongoing knowledge transfer
- Cross jurisdictional transfer of information
- Case specification ID
- Frontline surveillance knowledge base and guidelines for followup
- People system interaction

# Group 5

- Security – information and who needs to know
- Redundancy – make sure message is received from a number of different modes
- Training
- Communication – all jurisdictions have same technology to improve
- Improve local detection methods

# Group 6